

Occurrence of insured event Old age or disability

Details on insured person

Employer	Portfolio number
_____	_____
Last name	First name
_____	_____
Street / no.	Zip code / city
_____	_____
Date of birth	Social security number (13 digits)
_____	756.
Email	Marital status
_____	_____
Number of children under the age of 18 or 25 (still receiving education)	Date of event's occurrence
_____	_____

Age

Event: Ordinary retirement Early retirement Partial retirement _____ %

► In the event of partial retirement, please complete and enclose the modification form as well.

Disability

Cause: Illness Accident

Incapacity to work since	End of continued payment of salary
_____	_____

Employment relationship continues: Yes No

► If not:

Termination of employment relationship as of	Degree of incapacity to work
_____	_____ %

Enclosures

Power of attorney and copies of: notification of illness, health insurance card, daily allowance statement of daily illness allowance insurance or accident notification, accident certificate, daily allowance statement of accident insurer

Payment instruction

The insured person draws a pension and / or capital in the form of a cash payout.

Name of the bank

In the name of

IBAN

The insured person draws the capital in the form of a transfer of the pension portfolio
(only possible for a portfolio held with Bank Vontobel AG).

Name of the bank

IBAN

Bank Vontobel AG, Zurich

Signatures

Place, date

Signature of employer

Place, date

Signature of the insured person

Place, date

Signature of spouse / registered partner

Please send the completed form to the following address: **Allvisa Services AG, Karina Togni, PO box, 8027 Zurich**